



COCONINO COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL QUALITY

Request for Wastewater System Information

Barbara Worgess
Department Director
Robert Maglievaz
Manager

Date Submitted:_____ Please allow 5-7 working days to process

Location of Property: (This is crucial information, if you only have a physical address, call the County Assessor's office at 928-779-6502 for an Assessors Parcel Number)

Assessor _____ Parcel _____ Number _____
(APN):_____

Subdivision Name:_____ Unit/Annex/Phase:_____ Lot #:_____

Original Owners Name (If known):_____ Year constructed:_____

Standard System:_____ Alternate System:_____ Commercial System:_____

Information Requested:

_____ Septic Permit _____ Plans or As-builts
_____ Site Investigation Report _____ Perc Test Report
_____ Other (Please specify)_____

Reason for request:_____

I understand that there is a fee of \$20.00 to perform this file search.

Print Name:_____ Signature:_____

Company Name:_____

Mailing Address:_____ Apt:_____ Ste:_____

City:_____ State:_____ Zip:_____

Phone:_____ Cell:_____ Fax:_____

*****Office Use Only*****

☐ Phone Req ☐ Fax Req ☐ Walk-In ☐ Insufficient Information for Request
☐ No record on file ☐ ADEQ Record ☐ Void ☐ Review Required ☐ RRR Form
Response: ☐ Faxed ☐ Mailed ☐ Pick Up ☐ Phone Call

Reviewed By:_____ Date:_____